

Board of Prison Terms
Victim Assistance Coordinator
1515 K Street, Suite 600
Sacramento, CA 95814
(916) 445-5242 Fax
kjames@bpt.ca.gov

CONFIDENTIAL

VICTIM'S DECLARATION

I, _____ declare as follows:
(name)

I am the victim of the offense committed by _____
(name of prisoner)

(CDC number¹)

Pursuant to the provisions of Penal Code Section 3043, I am requesting notification of the parole hearing of the above-named prisoner.

Please select either (a) or (b):

- a. _____ I have no personal relationship with the prisoner.
b. _____ My relationship to the prisoner is _____.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, at _____, _____.
(month/day) (year) (city) (state)

(Print or Type Name)

(Signature)

(Driver's License Number) (State)

(Address)

(Social Security Number)

(City/State/Zip Code)

(Date of Birth)

(Phone)

¹ California Department of Corrections prisoner number, if known.